

2014 Choices Allowance And Premium Rates

2014 Monthly Benefit Allowance (based on number enrolled in medical coverage)	
Medical waiver	\$244.00
You only	\$757.46
You + 1 family member	\$1,382.02
You + 2 or more family members	\$1,632.60

Medical Plans	You Only	You + 1	You + 2 or More
CIGNA Network HMO	\$659.26	\$1,318.00	\$1,517.68
CIGNA Network POS	\$1,185.09	\$2,110.27	\$2,213.71
Kaiser	\$640.46	\$1,275.49	\$1,480.44
ALADS Blue Cross Prudent Buyer Basic	\$872.08	\$1,698.92	\$1,953.74
ALADS Blue Cross Prudent Buyer Premier	\$990.83	\$1,817.77	\$2,072.59
ALADS Blue Cross CaliforniaCare Basic	\$590.97	\$1,147.98	\$1,421.97
ALADS Blue Cross CaliforniaCare Premier	\$709.82	\$1,266.83	\$1,540.82
CAPE Blue Shield Classic POS	\$776.00	\$1,502.00	\$1,789.00
CAPE Blue Shield Lite POS	\$477.00	\$980.00	\$1,224.00
Fire Fighters Local 1014	\$673.00	\$1,278.56	\$1,519.56
Waive coverage			

Dental Plans	You Only	You + 1	You + 2 or More
Delta Dental	\$24.34	\$40.76	\$61.16
DeltaCare	\$15.41	\$25.41	\$37.59
SafeGuard	\$11.34	\$21.87	\$28.51
Waive coverage			

Optional Group Term Life Insurance		
1 x Annual Salary	6 x Annual Salary	Monthly premiums are based on age and salary The County pays 15% of the monthly premium.
2 x Annual Salary	7 x Annual Salary	
3 x Annual Salary	8 x Annual Salary	
4 x Annual Salary	No coverage	
5 x Annual Salary		

Dependent Term Life Insurance (After-Tax Benefit)		
Coverage (all family members):	\$5,000	\$0.91
	\$10,000	\$1.82
	\$15,000	\$2.74
	\$20,000	\$3.65
No coverage		

AD&D Insurance		
Amount	You Only	You + Family Members
\$ 10,000	\$0.13	\$0.25
\$ 25,000	\$0.33	\$0.63
\$ 50,000	\$0.65	\$1.25
\$ 100,000	\$1.30	\$2.50
\$ 150,000	\$1.95	\$3.75
\$ 200,000	\$2.60	\$5.00
\$ 250,000	\$3.25	\$6.25
No coverage		

Medical Coverage Protection (LTD Health Insurance)		
LTD Health Insurance — 100% \$3.00		

Flexible Spending Accounts	
Health Care Spending Account	\$10 minimum to \$200 maximum per month
Dependent Care Spending Account	\$10 minimum to \$400 maximum per month